



CHILD CARE AND DEVELOPMENT FUND PLAN

FOR

FFY 2004-2005

This Plan describes the CCDF program to be conducted by the State for the period 10/1/03 – 9/30/05. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Effective Date: October 1, 2003

Amended Effective: March 15, 2004

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Child Care and Development Services Plan for
For the period: 10/1/03 -- 9/30/05

Instructions:

- Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

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PART 1 -- ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency:
Idaho Department of Health and Welfare

Address of Lead Agency:
PO Box 83720
Boise, ID 83720-0036

Name and Title of the
Lead Agency's Chief Executive Officer:
Karl B. Kurtz, Director
Greg Kunz, Acting Administrator

Phone & Fax Numbers:
(208) 334-5815
(208) 334-5817

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name and Title of the
State Child Care Contact (CCDF):
Genie Sue Weppner, Program Manager

Address of Contact:
Division of Welfare 2nd Floor
P O Box 83720
450 W State ST
Boise, ID 83720-0036

Phone & Fax Numbers:
(208) 334-5815
(208) 334-5817

E-Mail Address:
weppnerg@idhw.state.id.us

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1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2003 through September 30, 2004. (§98.13(a))

- CCDF: \$ **21,521,316**
- Federal TANF Transfer to CCDF (if known): \$ **8,056,421**
- Direct Federal TANF Spending on Child Care (if known): \$ **Unknown**
- State CCDF Maintenance of Effort Funds: \$ **1,175,819**
- State Matching Funds: \$ **3,035,181**
- Total Funds Available: \$ **33,524,237**

- 1.4** The Lead Agency estimates that the following amount (and percentage) of the CCDF will be used to administer the program (not to exceed 5 percent):
\$1,617,400 (5%). (658E(c)(3), §§98.13(a), 98.52)

- 1.5** Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

- () Yes. – GO to Section 1.8.
(X) No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies.
(658D(b)(1)(A), §98.11)

The Lead Agency directly administers all eligibility and payment services. Quality activities are contracted out. The Lead Agency maintains overall control through monthly contract monitoring conducted by the Lead Agencies Contracts and External Resource Management Team. Contract monitoring includes:

- 1. Monitor compliance with contract requirements, such as-**
 - a. Deliverables and associated timelines**
 - b. Budget and expenditures**
 - c. Approve invoices for payment, based on compliance to contract terms**
 - d. Staffing requirements**
- 2. Amend contract to reflect changing circumstances through the life of the contract, as agreed by both parties. Assist with negotiations where warranted.**
- 3. Complete independent review of vendor records for compliance with record keeping provisions, contract performance standards, settle disputes, etc.**
- 4. Research and formally opine on contract related questions posed by either the vendor or state management.**

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1.6 For child care services funded under §98.50 (i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families? YES X NO

If NO, identify the name and type of agency that determines eligibility of non-TANF families for child care:

- Determine individual eligibility of TANF families? YES X NO

If NO, identify the name and type of agency that determines eligibility of TANF families for child care:

- Assist parents in locating child care? YES NO X

If NO, identify the name and type of agency that assists parents:

The University of Idaho Center on Disabilities and Human Development and the Idaho Association for the Education of Young Children are the contractors for statewide Resource and Referral services. Administration of resource and referral services has been consolidated but there continues to be seven local resource and referral offices throughout Idaho.

IdahoSTARS Administration	
CDHD, University of Idaho Julie Fodor, Ph.D. 129 West Third Street Moscow, ID 83843 (208) 885-3559 jfodor@uidaho.edu	Idaho AEYC Karen Mason, M.S.W., M.Ed. 1276 River, Suite 101 Boise, ID 83702 (208) 344-6155 idaheaeyc@yahoo.com

IdahoSTARS - Local Offices	
Child Care Resource Center 1106 Ironwood Drive Coeur d'Alene, ID 83814	Success by 6 426 Main Ave South Twin Falls, ID 83301
Community Action Partnership 124 New 6th Street Lewiston, ID 83501	Child Care Resource and Referral 355 S. Arthur Pocatello, ID 83204
Family Resource Center 524 Cleveland Blvd, Suite 225 Caldwell, ID 83605	Child Care Resource and Referral 956 E. Lincoln Road Idaho Falls, ID 83401
Success by 6 1276 W. River, Suite 101 Boise, ID 83702	

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Providers and parents needing resource and referral information can dial 211 and reach Idaho's free information and referral system who will determine the callers need and connect the caller with the appropriate agency. Using this method allows parents and providers to call at no cost, and be connected to the appropriate agency without having to figure out who they need to call.

- Make payments to providers? YES_**X**_ NO____

If NO, identify the name and type of agency that makes payments:

- 1.7 Is any entity named in response to section 1.6 a non-governmental entity? (See section 1.6 of the guidance). (658D(b), §§98.10(a), 98.11(a))
- () No.
- (**X**) Yes, the following entities named in section 1.6 are non-governmental:

The University of Idaho Center on Disabilities and Human Development is a governmental entity. The remaining sub-contractors are non-governmental non-profit agencies.

IdahoSTARS - Local Offices	
Child Care Resource Center 1106 Ironwood Drive Coeur d'Alene, ID 83814	Success by 6 426 Main Ave South Twin Falls, ID 83301
Community Action Partnership 124 New 6th Street Lewiston, ID 83501	Child Care Resource and Referral 355 S. Arthur Pocatello, ID 83204
Family Resource Center 524 Cleveland Blvd, Suite 225 Caldwell, ID 83605	Child Care Resource and Referral 956 E. Lincoln Road Idaho Falls, ID 83401
Success by 6 1276 W. River, Suite 101 Boise, ID 83702	

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Section 1.8 - Use of Private Donated Funds

1.8.1 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

☒ No. GO TO 1.9

☐ Yes. The name and type of entity designated to receive private donated funds is:

Name:

Address:

Contact:

Type (see section 1.6 of the guidance):

Section 1.9 - Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

☒ No.

☐ Yes,

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

☒ No.

☐ Yes, and

1.9.3 If the State answered yes to 1.91 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents (§98.53(h)(2)):

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Part 2--DEVELOPING THE CHILD CARE PROGRAM

2.1 - Consultation and Coordination

2.1.1 Consultation. Describe the consultation the Lead Agency held in developing this Plan and the results of that consultation. At a minimum, the description must include the following:

- Representatives of local governments;
- Tribal organizations when such organizations exist within the boundaries of the State. (658D(b)(2), §§98.12(b), 98.14(b))

The planning for the CCDF State Plan has been an ongoing activity during the past two years. Following the Department of Health and Welfare's Strategic Plan "Road to the Future" and utilizing the Idaho Child Care Advisory Panel, which includes representation from both local government and tribal organizations. The Panel has provided input and recommendations to the Department on future planning activities, including the creation of the new IdahoSTARS Professional Development and Resource and Referral service contract. IdahoSTARS will establish a career lattice, incentive payments and a provider registry. Current membership on the Advisory Panel includes:

Bobbie Ahern

Idaho Head Start Collaboration
200 North Fourth #20
Boise, ID 83702
(208) 345-1182
bobbieaheadstart@yahoo.com

Lee Flinn

Idaho Women's Network
419 South 13th
Boise, ID 83702
(208) 344-5738
leeflinn@rmci.net

Kim Frank Kirk

Stand for Children
13510 N. 4th Street
Hidden Springs, ID 83714
(208) 229-7779
kim@stand.org

Connie Guillory

Nez Perce Tribe
PO Box 365
Lapwai, ID 83540
(208) 843-7330
connieg@nezperce.org

Jean Heinz

Idaho Department of Education
PO Box 83720
Boise, ID 83720-0037
(208) 332-6821
jheinz@sde.state.id.us

Kathy Holley

Central District Health Department
707 N. Armstrong
Boise, ID 83704-0825
(208) 327-8501
kholley@phd4.state.id.us

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Blossom Johnston

Office of the Governor
State Capitol
PO Box 83720
(208) 334-2100
bjohnston@gov.state.id.us

Karen Mason

Idaho Association for the Education of Young
Children
1276 W. River St. Suite 100
Boise, ID 83702
(208) 344-6155
idahoaeyc@yahoo.com

Annette Mooney

Boise City – City Clerk's Office
PO Box 500
Boise, ID 83701
(208) 384-3710
amooney@cityofboise.org

Jennifer Murray

Micron Technology, Inc.
8000 South Federal Way
PO Box 6
Boise, ID 83706
(208) 368-4935
jjmurray@micron.com

Trudy Potter

Little People's Academy
543 N. Ridge
Idaho Falls, ID 83402
(208) 523-7615
lppif@srv.net

Leisa Tolman

Little People's Academy
543 N. Ridge
Idaho Falls, ID 83402
(208) 523-7615
lppif@srv.net

Gene Sue Weppner

Self Reliance Program Manager
1090 Hiline Road
Pocatello, ID 83205
(208) 235-2894
weppnerg@idhw.state.id.us

(Req. nominee)

Idaho Department of Labor
501 N. 16th Street, Suite 107
Payette, ID 83661
(208) 642-9361

(Req. nominee)

Shoshone-Bannock Tribes
PO Box 306
Fort Hall, ID 83203
(208) 478-3863

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- 2.1.2 Coordination. Lead Agencies are required to coordinate with Other Federal, State, local, tribal (if applicable), and private agencies providing child care and early childhood development services.

Check any of the following services provided by agencies with which the Lead Agency coordinates. In each case identify the agency providing the service and describe the coordination and expected results:

- ☒ Public health including programs that promote children's emotional and mental health

The Department contracts with seven regional district health offices to monitor child care provider compliance with the ICCP health and safety standards, The health districts also provide health consultation and technical assistance. The Health Districts in Idaho operate primarily on public funds; however, a local board that consists of County Commissioners from each county in the region governs them. Contracting with the districts has provided a positive mechanism to meet a programmatic need for monitoring and educating child care providers, also providing a process to communicate with local policy makers about issues regarding child care services in their area.

Panhandle Health District
2195 Ironwood Court
Coeur d'Alene, ID 83814
208-667-3481

Central District Health
707 N Armstrong Place
Boise, ID 83704-0825
208-327-8501

North Central District Health
215 10th Street,
Lewiston, ID 83501
208- 799-3100

South Central District Health
1020 Washington St. North
Twin Falls, ID 83301-3156
208-734-5900

Southwest District Health
920 Main Street
Caldwell, ID 83605-3700
208-455-5317

Southeast District Health
1901 Alvin Ricken Drive
Pocatello, ID 83201
208-239-5205

Heath District VII
254 E. Street
Idaho Falls, ID 83402-3597
208-522-0310

- ☒ Healthy Child Care America Campaign

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A two-year Healthy Child Care America grant is being used to increase collaboration and expand efforts throughout the state of Idaho. Key elements of the project are accessibility of child health services, development of the highest standards for out-of-home care, and increased education and support for childcare providers. The regional collaborations allow for differences in priorities and approach across the state. Rural, urban, culturally diverse, childcare, and health-oriented members are all dedicated to improving the health and safety of Idaho's children.

Healthy Child Care Idaho Grant Goals include:

- **Encourage higher health and safety standards**
- **Link health services to child**
- **Develop Idaho regional child care health consultant teams**
- **Build on the Children's Health Insurance Program (CHIP) outreach efforts**

Regional collaboration groups in southeast, southwest and northern regions of the state continue recruiting new members as they work to develop plans to accomplish grant goals. Learn more through the website: www.idahoaeyp.org.

X Public education

Natural Allies: Idaho is working with Community Colleges to Prepare Personnel to Provide Quality Services for All Young Children in Natural Environments.

This project will address two related needs.

- 1. Large numbers of early childhood teachers need preparation on how to serve young children with diverse abilities in inclusive community settings.**
- 2. Early childhood teacher programs, faculty and administrators at community colleges need training and support on infusing exceptionality into their coursework and practica to address the needs of young children with disabilities.**

This project will address these needs by developing, implementing, evaluating and disseminating a model that will yield change and improvement in community college coursework and practical experiences related to serving young children with disabilities in inclusive natural environments.

The Department coordinates with the Department of Education on many aspects of early childhood education. The Department of Education has oversight of the Child Care and Adult Food Program, Chapter 1 Even Start, and Part B Early Intervention Program. The Department has reviewed grants, provided

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consultation on child care, and funded programs in local school districts that use a combination of these funds.

X TANF

The Department is the Lead Agency for both the TANF and CCDF programs. Through regular program staff meetings, policy for both child care and TANF is coordinated to assure a seamless process for the provision of child care services for TANF families and families transitioning off TANF.

X Head Start programs

There are ten Head Start Grantees in Idaho. Coordination efforts include attendance and/or presentations at state association meetings, provision of funding for training for Head Start employees, and grants for specific Head Start quality improvement activities. The Lead Agency works with Head Start/Child Care Collaboration sites to facilitate application for child care subsidies and to develop funding strategies for Head Start children who need full day/full year child care services. The Idaho Head Start Association has contracted with the Idaho Department of Health and Welfare to contract with Head Start Grantees in Idaho to add an additional 221 families to Idaho's current Head Start enrollment. The purpose of the contract is to prepare at-risk children for kindergarten. 10 Head Start Grantees have been awarded sub-contracts in Idaho. Families who receive services are TANF eligible or at risk of becoming eligible, and whose income does not exceed 200% of the Federal Poverty Guideline. Families who are selected to participate receive the following services: Child Development and Health Services; Family Services which include the development of family goals and Training opportunities which include Parenting and leadership instruction; Community Partnerships, and Management Services.

[Bear River Head Start](#)
Grantee—Utah Bear River Head Start
Monalyn Sharp, Idaho Coordinator

515-1/2 S. 400 E.
Preston, ID 83263
(208) 852-3012
E-mail: prsthdst@dcdi.net

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Eastern Idaho Head Start

Grantee—Eastern Idaho Special Services
Kate Howard, Director
P.O. Box 51058
Idaho Falls, ID 83405
(208) 524-2079
E-mail: ckhoward@eicap.org

Friends of Children and Families, Inc. (Boise)

Grantee—Friends of Children and Families, Inc.
Louis Landry & Ellen Hunt, Co-Directors
4709 West Camas
Boise, ID 83705
(208) 344-9187
E-mail Lou: lrandry@focaf.org
E-mail Ellen: elandry@focaf.org

Idaho Migrant Council Head Start

Grantee—Idaho Migrant Council, Inc.
Alejandra Rebolledo, Director
317 Happy Day Blvd., Suite 275
Caldwell, ID 83605
(208) 454-1652
E-mail: alejandrar@idahomigrantcouncil.org

Lewis-Clark Early Childhood Program

Grantee—Lewis-Clark Early Childhood Program
Dorlan Hergesheimer, Director
1805 19th Avenue
Lewiston, ID 83501
(208) 743-6573
E-mail: dorlan@lcecp.org

Mountain States Early Head Start

Grantee—Mountain States Group
Christine Gee, Director

411 North 15th St., #200
Coeur d'Alene, ID 83814
(208) 765-6955
E-mail: cgee@msehs.org

North Idaho Head Start

Grantee—North Idaho College
Doug Fagerness, Director
411 North 15th St., #103
Coeur d'Alene, ID 83814
(208) 666-6755
E-mail: dfagerness@nicheadstart.org

Pocatello Head Start

Grantee—School District #25
Sherry Young, Director
Lincoln Early Childhood Center
330 Oakwood Drive
Pocatello, ID 83204
(208) 233-6606
E-mail: youngsh@d25k12.id.us

South Central Head Start

Grantee—South Central Community Action Agency
Donna Suhr, Director
324 2nd Street East
P.O. Box 1238
Twin Falls, ID 83303-1238
(208) 736-0741
Toll Free: (888) 736-0741
E-mail: schsds@spro.net

WICAP Head Start

Grantee—Western Idaho Community Action Program
Sally Alvarado, Director
315 South Main
Payette, ID 83661
(208) 642-9086
E-mail: alvarads@wicaphs.com

X Programs that promote inclusion for children with disabilities

Idaho's Part C program, Idaho Infant Toddler Program is housed with the Lead Agency. The programs work together to increase early intervention referrals and provide parent education on developmentally appropriate child care. A CCDF

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staff person sits on the Idaho Interagency Coordination Council to ensure continued collaboration.

IdahoSTARS will offer statewide training and technical assistance services that will include a training component that gives participating child care providers the tools needed to provide better quality child care, to successfully include children with disabilities in their child care settings, and provide a support network for them as they build an inclusive approach in their homes or centers.

2.2 - Public Hearing

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. At a minimum, the description must indicate:

- Date(s) of statewide notice of public hearing – **Notice was posted on the Lead Agencies website: Idahochild.org on June 6, 2003. Newspaper notices ran between June 6, 2003 and June 10, 2003**
- Manner of notifying the public about the statewide hearing – **Notice of this hearing was published in:**
 - Coeur d'Alene Press - Coeur d'Alene, Idaho**
 - Tribune Publishing - Lewiston, Idaho**
 - Idaho Press Tribune - Nampa, Idaho**
 - Idaho Statesman - Boise, Idaho**
 - The Times News - Twin Falls, Idaho**
 - Idaho State Journal - Pocatello, Idaho**
 - Post Register - Idaho Falls, Idaho**
- Date(s) of public hearing(s) – **June 26, 2003**
- Hearing site(s) – **Joe R. Williams Building, 700 W State St, Boise, Idaho**
- How the content of the plan was made available to the public in advance of the public hearing(s) (658D(b)(1)(C), §98.14(c)): **The plan was available for review at the Idaho Department of Health and Welfare, Bureau of Benefit Program Operations, 450 West State Street, 2nd floor, Boise ID., and on the world wide web at www.idahochild.org**
- **No one attended the public hearing, one written comment was received with suggestions for the ICCP program payment structure; no changes have been made in the plan to address these issues due to budget considerations. No e-mail comments were received.**

2.3 - Public-Private Partnerships

- Describe the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, including the results or expected results. (658D(b)(1), §98.16(d)):

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The Strategic Plan for the Lead Agency has set the tone for how Idaho will encourage public-private partnerships that promote private-sector involvement in not just meeting child care needs but of meeting all health and human service needs.

Goal 3

Integrate health and human service.

Apply models of establishing partnerships for a sustainable and integrated health and human service system with emphasis on priority areas, and desired outcomes.

Desired Outcome: Partnerships - Idaho's communities will develop partnerships to create and sustain our health and human services system with a focused, coordinated approach.

Objective 1 - Prioritize areas and establish partnerships based on desired outcomes of the Department.

Each year the Department will establish priority areas of emphasis for partnerships and collaborative relationships for statewide intervention.

Develop statewide and where applicable, local data and measures of current status to establish baseline for partnership priorities; identify specific outcome measures to result from the partnership.

Educate community partners, legislators and community leaders about Department priorities and promote and advance community participation and commitment to those priorities.

Review progress toward outcomes and revise partnership strategies as needed.

Objective 2 - Support and promote local community partnerships based on desired community outcomes and priorities and population based services to expand service capacity at the local level.

Develop a county-by-county scorecard of basic health, family, community, and economic indicators using parameters established in conjunction with statewide measures, Kids Count, Community Count and Department data.

Participate in needs and assets assessment.

Participate and provide leadership to educate key community leaders, legislators, and partners about indicators and needs assets assessment data.

Work with local leaders and partners to identify priority areas for intervention and expansion of capacity through partnerships.

Provide leadership and participate in local collaborative initiatives to address priority community needs that include outcome measures.

Provide technical assistance, coordinate efforts and share resources to advance local priority initiatives.

Promote and participate in evaluation of priority initiatives.

Form a regional data committee for priority settings and outcome monitoring.

Additionally Idaho continues to pursue creative approaches to involve the private sector in meeting child care needs. The Idaho Child Care Advisory Panel takes the lead in promoting public-private sector collaboration on child care issues. Idaho encourages partnerships by:

Collaborating with other public and private agencies including the United Way, Albertson Foundation, and the Department of Labor to fund the Teacher Education And Compensation Helps (T.E.A.C.H). project in Idaho.

Idaho Association for the Education of Young Children (IAEYC) has been administering the T.E.A.C.H project since fall of 1999. The program was developed to increase the educational level of people working in early care and education settings while making that process more affordable, reducing turnover and increasing compensation.

Funding statewide Child Care Resource and Referral (R&R) agencies. The R&Rs expand the partnership through their outreach efforts in the communities where they are located. These efforts include meetings with businesses to address child care issues, local fund raising efforts and seminars with the Small Business Administration.

PART 3 -- CHILD CARE SERVICES OFFERED

Section 3.1 - Description of Child Care Services

REMINDER: The Lead Agency must offer certificates for services funded under 45 CFR 98.50. (98.30) Certificates must permit parents to choose from a variety of child care categories, including center-based care, group home care, family child care and in-home care. (§98.30(e))

3.1.1 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

☒ No.

☐ Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

3.1.2 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

☐ No.

☒ Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

Idaho limits the use of in-home care only when there are less than three (3) children who need child care. Exceptions to the three (3) child rule can be made when any one (1) of the following special circumstances occur.

a. The parents' or caretakers' activity occurs during times when out of home care is not available.

b. The family lives in an area where out of home care is not available.

c. A child has a verified illness or disability. This would place the child or other children in an out of home facility at risk.

The reason for the limits on in-home care is budgetary. When three (3) or more children are in care the cost of in-home care does not exceed what we would pay for an out of home provider. These special circumstances allow us to use in-home care when other options are not reasonable.

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3.1.3 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

(X) Yes

() No, and the following are the localities (political subdivisions) and the services that are not offered:

Section 3.2 - Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care. These rates are provided below. The attached payment rates are effective as of **January 1, 2001**.

EFFECTIVE JANUARY 1, 2001

CHILD CARE RATE					
CHILD CARE CENTERS					
REGION	0-12 MONTHS	13-30 MONTHS	31-60 MONTHS	61-72 MONTHS	73+ MONTHS
I	\$522	\$453	\$396	\$363	\$345
II	\$493	\$458	\$435	\$414	\$361
III	\$454	\$390	\$366	\$331	\$331
IV	\$594	\$539	\$492	\$440	\$440
V	\$359	\$359	\$352	\$348	\$348
VI	\$437	\$414	\$368	\$348	\$329
VII	\$457	\$450	\$417	\$397	\$380
GROUP HOME CARE					
REGION	0-12 MONTHS	13-30 MONTHS	31-60 MONTHS	61-72 MONTHS	73+ MONTHS
I	\$414	\$370	\$368	\$368	\$368
II	\$454	\$431	\$398	\$392	\$374
III	\$426	\$365	\$348	\$348	\$348
IV	\$505	\$473	\$460	\$448	\$439
V	\$348	\$346	\$345	\$344	\$344
VI	\$373	\$349	\$345	\$345	\$345
VII	\$368	\$348	\$347	\$347	\$347
FAMILY DAY CARE					
REGION	0-12 MONTHS	13-30 MONTHS	31-60 MONTHS	61-72 MONTHS	73+ MONTHS

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I	\$453	\$435	\$430	\$430	\$430
II	\$435	\$420	\$400	\$368	\$368
III	\$414	\$352	\$348	\$345	\$345
IV	\$489	\$460	\$460	\$453	\$453
V	\$355	\$350	\$348	\$348	\$345
VI	\$411	\$374	\$348	\$348	\$348
VII	\$384	\$348	\$348	\$345	\$345

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed:
December 2002 . (§98.43(b)(2)) A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as Attachment **A**.
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

The Lead Agency conducted a statewide survey of child care providers to determine rates charged. Surveys were mailed to all providers who were listed with Resource and Referral. Data from the completed surveys were entered into NACCRAware. Relative providers were not included in the survey. Relative providers are paid at the same rate as family child care providers, so it is thought this category of providers is fairly represented in the survey.

The local market rate is broken down by the type of care, age of child and location of the providers. Data from the survey are used to determine the maximum reimbursable rates that can be paid. Of the 105 LMR categories, 65 rates went up and 40 rates went down or remained the same. Due to budget concerns maximum rates were not changed, but continue to reflect the 75th percentile of the last rate survey. Those rates became effective January 1, 2001. The current rate equates to an average of the 61 percentile of the most recent survey.

The Lead Agency continues to evaluate the feasibility of increasing its maximum rates to reflect the 75 percentile of the latest market rate survey, but will not make

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a final decision until reauthorization is complete and future funding levels can be more accurately projected.

- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

None

- If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

In-Home Care. Parents are responsible to pay persons providing care in the child's home the minimum wage, as required by the Fair Labor Standards Act (29 U.S.C. 206a) and other applicable state and federal requirements.

Department payments must not exceed the lower of the hourly wage or actual cost of care. Care provided in the home of the child will be paid only when three more children are eligible and receiving payments. Fewer than three children will receive payment for in-home care only when one of the following special circumstances is met:

Parents' or caretakers' activity occurs during times when out-of-home care is not available; the family lives in an area where out-of-home care is not available; a child has a verified illness or disability which would place the child or other children in an out- of-home facility at risk.

Section 3.3 - Eligibility Criteria for Child Care

By statute, all eligible children must be under the age of 13, or under age 19 if physically or mentally incapable of self-care, or under court supervision, and reside with a family whose income does not exceed 85% of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services.
(658E(c)(3)(B), 658P(3), §98.20(a))

- 3.3.1 Complete column (a) in the matrix below. Complete Column (b) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

IF APPLICABLE

Family Size	(a) 85% of State Median Income (SMI) (\$/month)	(b) Income Level, lower than 85% of SMI, if used to limit eligibility	
		\$/month	% of SMI
1	\$1979	\$1356	58.3%
2	\$2587	\$1356	44.5%
3	\$3197	\$1706	45.4%
4	\$3805	\$2056	45.9%
5	\$4414	\$2406	46.3%

Current income eligibility limits are based on 150% of the 1998 Federal Poverty limits and became effective 10/1/1998.

The Lead Agency uses the State Median Income (SMI) of the year **2003 from **Federal Register, January 30, 2002, Vol. 67, No.20.****

-
- 3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as Attachment_____. (§§98.16(g)(5), 98.20(b))

All gross earned and unearned income is counted in determining eligibility and payment amount, unless specifically excluded by rule. The following income sources are not counted as family income:

- **Earned income of a dependent child;**
- **income received for person not residing with the family;**
- **education funds; cash assistance to meet a specific need from other organizations;**
- **lump sum income, if used to pay medical bills from an accident or used to pay for funeral or burial costs;**
- **loans;**
- **TAFI and AABD Benefits;**
- **foster care payments;**
- **VISTA payments;**
- **income tax refunds;**
- **Earned Income Tax Credits;**
- **travel reimbursements;**
- **tribal income;**
- **foster parent’s income;**
- **adoption assistance;**
- **child support payments made by the participant.**

- 3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ No

☐ Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

-
- 3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))
- ☐ Not Applicable, CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.
- ☒ No
- ☐ Yes
- 3.3.5 Does the Lead Agency allow child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))
- ☐ No
- ☒ Yes, and the upper age is 19.

Idaho's statewide childcare computer system monitors eligibility.

Children may receive child care benefits until the month of their eighteenth birthday if they are physically or mentally incapable of self-care, as verified by a professional third party. Children may receive child care benefits until the month of their eighteenth birthday if a court order, probation contract, child protection or mental health case plan requires constant supervision.

These children may receive child care benefits until the month of their nineteenth birthday if they are full-time students and are expected to complete secondary school no later than the month of their nineteenth birthday.

- 3.3.6 Does the Lead Agency allow child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))
- ☐ No
- ☒ Yes, and the upper age is 19.

Idaho's statewide childcare computer system monitors eligibility.

Children may receive child care benefits until the month of their eighteenth birthday if they are physically or mentally incapable of self-care, as verified by a professional third party. Children may receive child care benefits until the month of their eighteenth birthday if a court order, probation contract, child protection or mental health case plan requires constant supervision.

These children may receive child care benefits until the month of their nineteenth birthday if they are full-time students and are expected to complete secondary school no later than the month of their nineteenth birthday.

- 3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

() Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)
(X) No.

- 3.3.8 Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

() Yes.
(X) No.

Section 3.4 - Priorities for Children

- 3.4.1 The following describes the priorities for serving CCDF-eligible children including how priority required by the statute is given to children of families with very low family income and children with special needs: (Terms must be defined in Appendix 2) (658E(c)(3)(B))

Families receiving Temporary Assistance for Families in Idaho (TAFI) are automatically eligible for the Idaho Child Care Program, and would be the number one priority if the need arose for a waiting list. Children of low income working families would be the second priority. Special needs children would then become the third priority.

- 3.4.2 The following describes how CCDF funds will be used to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

Families receiving Temporary Assistance for Families in Idaho (TAFI) are automatically eligible for the Idaho Child Care Program, and would be the number one priority if the need arose for a waiting list. Children of low income working families would be the second priority. Special needs children would then become the third priority.

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3.4.3 The following describes how the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies:

Idaho currently has sufficient funding to provide services for all eligible families who apply. Idaho has chosen to increase parental co-payments in order to continue to serve all eligible families. Idaho's economy has slowed the rate of growth in the program to the degree that it should be possible to serve all families that apply during this plan period.

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Section 3.5 - Sliding Fee Scale for Child Care Services

- 3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided below.

ICCP SLIDING FEE SCHEDULE

FAMILY SIZE	2	3	4	5	6	7	8	9	10
MONTHLY INCOME	PERCENTAGE OF CHILD CARE COST FAMILY MUST PAY								
\$ 0 - \$ 499	7%	7%	7%	7%	7%	7%	7%	7%	7%
\$ 500 - \$ 599	11%	7%	7%	7%	7%	7%	7%	7%	7%
\$ 600 - \$ 699	11%	11%	7%	7%	7%	7%	7%	7%	7%
\$ 700 - \$ 799	11%	11%	11%	7%	7%	7%	7%	7%	7%
\$ 800 - \$ 899	21%	11%	11%	11%	7%	7%	7%	7%	7%
\$ 900 - \$ 999	21%	11%	11%	11%	11%	7%	7%	7%	7%
\$1,000 - \$1,099	21%	11%	11%	11%	11%	7%	7%	7%	7%
\$1,100 - \$1,199	36%	21%	11%	11%	11%	11%	7%	7%	7%
\$1,200 - \$1,299	36%	21%	11%	11%	11%	11%	11%	7%	7%
\$1,300 - \$1,356	66%	21%	21%	11%	11%	11%	11%	7%	7%
\$1,357 - \$1,399	100%	21%	21%	11%	11%	11%	11%	7%	7%
\$1,400 - \$1,499	100%	36%	21%	11%	11%	11%	11%	11%	7%
\$1,500 - \$1,599	100%	36%	21%	21%	11%	11%	11%	11%	11%
\$1,600 - \$1,699	100%	66%	36%	21%	11%	11%	11%	11%	11%
\$1700 - \$1,706	100%	66%	36%	21%	21%	11%	11%	11%	11%
\$1,707 - \$1,799	100%	100%	36%	21%	21%	11%	11%	11%	11%
\$1,800 - \$1,899	100%	100%	36%	21%	21%	11%	11%	11%	11%
\$1,900 - \$1,999	100%	100%	36%	36%	21%	11%	11%	11%	11%
\$2,000 - \$2,056	100%	100%	66%	36%	21%	21%	11%	11%	11%
\$2,057 - \$2,099	100%	100%	100%	36%	21%	21%	11%	11%	11%
\$2,100 - \$2,199	100%	100%	100%	36%	21%	21%	11%	11%	11%
\$2,200 - \$2,299	100%	100%	100%	36%	21%	21%	21%	11%	11%
\$2,300 - \$2,399	100%	100%	100%	66%	36%	21%	21%	11%	11%
\$2,400 - \$2,406	100%	100%	100%	66%	36%	21%	21%	21%	11%
\$2,407 - \$2,499	100%	100%	100%	100%	36%	21%	21%	21%	11%
\$2,500 - \$2,599	100%	100%	100%	100%	36%	21%	21%	21%	11%
\$2,600 - \$2,699	100%	100%	100%	100%	66%	36%	21%	21%	21%
\$2,700 - \$2,756	100%	100%	100%	100%	66%	36%	21%	21%	21%
\$2,757 - \$2,799	100%	100%	100%	100%	100%	36%	21%	21%	21%
\$2,800 - \$2,899	100%	100%	100%	100%	100%	36%	21%	21%	21%
\$2,900 - \$2,999	100%	100%	100%	100%	100%	36%	36%	21%	21%
\$3,000 - \$3,099	100%	100%	100%	100%	100%	66%	36%	21%	21%
\$3,100 - \$3,106	100%	100%	100%	100%	100%	66%	36%	21%	21%
\$3,107 - \$3,199	100%	100%	100%	100%	100%	100%	36%	21%	21%
\$3,200 - \$3,299	100%	100%	100%	100%	100%	100%	36%	36%	21%
\$3,300 - \$3,399	100%	100%	100%	100%	100%	100%	66%	36%	21%
\$3,400 - \$3,456	100%	100%	100%	100%	100%	100%	66%	36%	21%
\$3,457 - \$3,499	100%	100%	100%	100%	100%	100%	100%	36%	21%
\$3,500 - \$3,599	100%	100%	100%	100%	100%	100%	100%	36%	36%
\$3,600 - \$3,699	100%	100%	100%	100%	100%	100%	100%	36%	36%

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\$3,700 - \$3,799	100%	100%	100%	100%	100%	100%	100%	66%	36%
\$3,800 - \$3,806	100%	100%	100%	100%	100%	100%	100%	660%	36%
\$3,807 - \$3,899	100%	100%	100%	100%	100%	100%	100%	66%	36%
\$3,900 - \$3,999	100%	100%	100%	100%	100%	100%	100%	100%	36%
\$4,000 - \$4,099	100%	100%	100%	100%	100%	100%	100%	100%	66%
\$4,100 - \$4,156	100%	100%	100%	100%	100%	100%	100%	100%	66%
\$4,157 - \$4,199	100%	100%	100%	100%	100%	100%	100%	100%	100%
\$4,200 - \$4,299	100%	100%	100%	100%	100%	100%	100%	100%	100%

The monthly rate will be calculated by dividing the yearly rate by twelve (12). Families shall pay the provider for child care services. Family income for the month of the child care will determine the family share of child care costs. The payment made by the Department will be the allowable local market rate, less the amount calculated using the sliding fee. We have verified that the automated payment system is calculating the child care payments correctly.

- Eligible families, except TAFI families participating in non-employment TAFI activities, must pay part of their child care costs.

If the family is eligible, then the sliding fee schedule is used to determine co-payment amount.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- ☒ No.
- ☐ Yes, and the following describes any additional factors that will be used to determine a family's contribution including, but not limited to, a maximum amount (family cap), number of children in care, cost of care, and/or whether care is full or part-time:

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

- ☒ Yes
- ☐ No, and other scale(s) and their effective date(s) are provided as Attachment _____.

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: **\$ 1137.00 - 100% of 1998 Federal Poverty Limits**

The Lead Agency must elect ONE of these options:

- ☐ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

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-
- () ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- (X) SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. A description of these families is:

Only those families participating in Idaho's TAFI program who are completing non-income producing required activities are not required to make a co-payment. Maximum include for a family of three to be eligible for Idaho's TAFI program is: \$309 a month - 27% of the 1998 Poverty level.

3.5.4 Does the Lead Agency have a policy that prohibits a child care provider from charging families any unsubsidized portion of the provider's normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

- (X) No
- () Yes, please describe:

3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

The sliding fee scale ranges from seven (7) percent of the allowable cost of care for families with little or no income to sixty-six (66) percent for families at one hundred and fifty (150) percent of the 1998 Federal Poverty standard. At one hundred (100) percent of poverty, families are responsible for no more than twenty-one (21) percent of the allowable cost of care. Allowable cost is defined as the families local market rate or the actual amount billed by the provider which ever is less.

According to the Child Care and Development Fund - ACF 801 Family Profile for March 2003 Idaho families paid an average of 9.1% of income for child care.

Section 3.6 - Certificate Payment System

A child care certificate means a certificate, check, or other disbursement that is issued by the Lead Agency directly to a parent who may use it only to pay for child care services from a variety of providers including community and faith-based providers (center-based, group home, family and in-home child care), or, if required, as a deposit for services. (658E(c)(2)(A)), 658P(2), §§98.2, 98.16(k), 98.30(c)(3) & (e)(1))

Describe the overall child care certificate payment process, including, at a minimum:

3.6.1 A description of the form of the certificate: (§98.16(k))

The Idaho Child Care Program pays for child care subsidies by a state warrant process through the State Controllers Office. A state warrant is issued directly to the child care provider. The provider is offered the choice to receive a warrant or to receive an electronic fund transfer for direct deposit into their financial account with their choice of financial institution.

3.6.2 A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider: (658E(c)(2)(A)(iii), 658P(2), §§98.2, 98.30(c)(4) & (e)(1) & (2))

After the parent has been determined eligible for child care assistance, they choose a child care provider and a notice is generated at that time. Payments are processed on the last working day of the month for service received during that month. Parents can choose to change providers at any time by reporting that change to their worker. The worker updates the case and future notices and payments will be sent to the new provider.

3.6.3 If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b))

NA

PART 4 - PROCESSES WITH PARENTS

4.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

- How parents are informed of the availability of child care services and about child care options;
- Where/how applications are made;
- Who makes the eligibility determination;
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4; and
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs.
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies.

Idahoans are informed of the Idaho Child Care Program services through a variety of methods. Brochures and posters have been distributed statewide. Program information has been disseminated to all known child care providers statewide. Through program coordination efforts at the state and local level, all public agencies serving eligible families have received information regarding access to the program.

Any person can apply for child care services from the Department. Applications for the Idaho Child Care Program are available at Department offices statewide. Application can also be requested over the telephone, by mail or printed as a PDF file from the Department Internet site. Application materials include a cover letter explaining the program and how to apply, the application, the declaration of citizenship/alien status form, and verification checklist, which describes documents, needed to verify circumstances.

Applications are informed of child care referral assistance that is available to them free of charge, detailing information about providers and how to select quality child care.

The Department of Health and Welfare staff determines program eligibility for a period of up to six months, based on the family's circumstances. During a TAFI interview staff and the participant work together to define their individual barriers

to employment. Part of this process includes the discussion and explanation of the Idaho Child Care Program and the exceptions to the criteria.

- 4.2 The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

Idaho will accept and respond to complaints registered about the quality of child care in day care facilities. The disposition of all complaints will be recorded and a register of complaints maintained for public examination. The Department of Health and Welfare, Division of Family and Community Services is the contact point for child care complaints. There is a Family and Children's Service office located in each region.

The Department shall maintain a record of substantiated parental complaints. Information regarding substantiated parental complaints shall be made available to the public on request, in accordance with the Idaho Public Records Act.

Currently the Resource and Referral agencies are required to maintain a parental complaint log. Each Resource and Referral has developed its own procedures.

- 4.3 The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

All child care providers sign a self-declaration, including a provision that allows parents unlimited access to their children. Local and state license laws require that parents be afforded unlimited access to their children. The Health Department annually monitors all child care providers receiving CCDF funds for compliance with this requirement. The Health Department investigates complaints received regarding unlimited access.

- 4.4 The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: **The Idaho Department of Health and Welfare**.

- "appropriate child care":

Exceptions will be made on a case by case basis by a reasonable person concept. Reasonable person is defined as whether the conduct would be that of a reasonably prudent person in the same or similar circumstances.

- "reasonable distance":

Exceptions will be made on a case by case basis by a reasonable person concept. Reasonable person is defined as whether the conduct would be that of a reasonably prudent person in the same or similar circumstances.

- "unsuitability of informal child care":

Exceptions will be made on a case by case basis by a reasonable person concept. Reasonable person is defined as whether the conduct would be that of a reasonably prudent person in the same or similar circumstances.

- "affordable child care arrangements":

Exceptions will be made on a case by case basis by a reasonable person concept. Reasonable person is defined as whether the conduct would be that of a reasonably prudent person in the same or similar circumstances.

PART 5 - ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

5.1 - Quality Earmarks and Set-Asides

5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities.

Idaho is has recently implemented the IdahoSTARS Professional Development System and Resource and Referral Services that will develop and implement a new provider training and registry system, providing incentives for providers who continue their training and educational activities. Providers working with infants, toddlers and school – age children will be targeted for participation in the new system.

Through IdahoSTARS, the new professional development system in Idaho, quality will be increased in early care and education settings. This will be accomplished through increased affordability for providers to participate in training and education; accessibility for providers to training across the state and for parents to referral information about how to choose quality care for their children; and improving quality by providing opportunities for all child care providers to training and education, approval of trainers and training, providing incentives for completion of training, increasing the retention of child care providers, and increasing the wages of providers.

Infant/Toddler and school age tracks will be identified in the Career path system that allows providers to move between levels based on longevity/experience, training and education, and involvement in the professional development system. Progress between the levels is determined by completing training in the competency areas for each level in one of four tracks that include Infant/Toddler, School Age, Child Development and School Administrator.

Participation in the IdahoSTARS system will include collection of data about the ages and number of children cared for in addition to other NACCRRAware fields that constitute a statewide database. Reports will be available to track the change in education level, experience and a voluntary Environmental Rating Scale as providers in each track progress through the levels in the professional development system.

An assumption is made based on research that increased training and education that relates directly to core competency areas is a measure of increased quality of care for children which results in children entering school ready to learn.

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Additionally, retention of child care providers and increased wages should have a positive impact on child outcomes.

This project will measure change in wages, retention of child care providers and ratio of children to caregivers for providers that care for Infants and Toddlers, and for providers that care for school age children. The expected result is that children enter school more prepared to learn when cared for in settings where child care providers received increased education and training, increased wages through incentives and bonuses, and recognition for their accomplishments. Measures might include the Idaho Reading Initiative assessment that each kindergartner takes upon entering school – (provided a memorandum of agreement can be achieved with the Department of Education to obtain those results for children cared for in settings participating in the professional development system and a comparable sample of children in settings not participating in the professional development system). Another measure may include social emotional assessment of children from each of the above groups. This project will measure change in quality of settings as assessed through the Harms Environmental Rating Scales for those programs that voluntarily participate in that assessment. It will also measure change as a result of documented goals included in CCR&R consultant encounter forms and the follow up report of completion of those identified changes.

KIDS IN DANGER

This project expands the annual ICCP health and safety inspection to Conduct “Kids in Danger” surveys. In conjunction with the national Consumer Product Safety Commission (CPSC) this project was started in Chicago by a husband and wife in memory of their son who was killed in a child care setting while in a CPSC recalled portable crib.

The specific objectives during each on site facility inspection will be:

- (1) To evaluate the source of products for the facility;**
- (2) evaluate the products within the facility to determine if any are recalled products;**
- (3) to characterize the means by which child care providers obtain information about product safety recalls;**
- (4) use a standardized choking hazard tester to determine the prevalence of choking hazards within the facility, and**
- (5) to identify ways to enhance knowledge of product recalls and choking hazards among child care providers.**

During the inspection child care providers are provided resources for obtaining information about product safety recalls and identifying ways to enhance the knowledge of product recalls.

As this project enters its second year the expected results include:

An overall reduction in the number of recalled products identified during the second inspection;

An increased awareness among child care professionals about recalled products;

Increase knowledge of how to locate information on recalled products.

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ 1,341,000 (4 %)

- 5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comprehensive consumer education;
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grants or loans to providers to assist in meeting State and local standards;
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Monitoring compliance with licensing and regulatory requirements.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Professional development, including training, education, and technical assistance;
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Improving salaries and other compensation for child care providers;
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Activities in support of early language, literacy, pre-reading, and numeracy development;
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activities to promote inclusive child care;
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children;
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))

5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

Comprehensive Consumer Education:

A Standardized packet of parental education materials will be provided to all families receiving child care assistance through ICCP, available at the Resource and Referral Offices and at Department offices. Information about the full range of providers available (the Registry and Levels system), 2-1-1 Idaho CareLine, and health and safety requirements in Idaho Child Care Provider settings will be made available to parents and community members through statewide efforts. These will include information in the Idaho AEYC statewide newsletter, The Governor's Coordinating Council for Families and Children on-line newsletter, 2-1-1 Idaho CareLine on-line newsletter, ICCP mailings and emails, statewide Early Collaboration list serve announcements, flyers for school children, PTA bulletins/newsletters, listed on websites or links on websites, and church bulletins among others. A statewide public awareness campaign will be implemented using print, radio and video if grant funding from other sources is obtained. These will include regional newsletters and flyers from R&R, USDA Food Programs, Health Districts, city licensing mailings, college recruitment materials, Caring for Kids and Families in Idaho, target area projects, school flyer handouts, community fairs or conferences, and letters to the editor or editorials. Information will be provided through the 2-1-1 Idaho CareLine in response to the calls guided there by the above public awareness modalities. 2-1-1 will provide important information about subsidies, cost, benefit and incentives to increase quality. Eligibility guidelines and the value of quality will be prioritized in 2-1-1 Idaho CareLine contacts. The local service area R&R personnel will also provide information to referrals from the 2-1-1 CareLine and direct calls.

The expected results of these activities are:

- More parents will become aware of the Child Care Resource and Referral and the services that are offered.
- Child care providers will become more aware of the services available to themselves as well as to the families they serve.

Resource and Referral Programs:

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IdahoSTARS - Local Offices	
Child Care Resource Center 1106 Ironwood Drive Coeur d'Alene, ID 83814	Success by 6 426 Main Ave South Twin Falls, ID 83301
Community Action Partnership 124 New 6 th Street Lewiston, ID 83501	Child Care Resource and Referral 355 S. Arthur Pocatello, ID 83204
Family Resource Center 524 Cleveland Blvd, Suite 225 Caldwell, ID 83605	Child Care Resource and Referral 956 E. Lincoln Road Idaho Falls, ID 83401
Success by 6 1276 W. River, Suite 101 Boise, ID 83702	

The seven local service area Child Care Resource and Referral Offices will;

- Recruit and assess local providers to assure on-going quality service
- Support local provider to participate in the new professional development system
- Provide referrals for parents seeking child care.
- Provide community education and information dissemination
- Administer a lending and resource library.

The expected results of these activities are:

- Providers will participate in the new professional development system to increase their level of training and education.
- Parents will receive referral for child care providers who meet their needs in a timely manner
- Providers will have access to a quality lending and resource library.

Health District Contracts:

DHW contracts with seven District Health Offices. Services provided by these entities include:

- Monitoring child care provider compliance of health and safety standards;
- Providing health consultation and technical assistance for child care providers;

The expected results of these activities are that there will be an increased level of health and safety awareness among providers.

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Training and technical assistance:

The new IdahoSTARS Professional Development and Resource and Referral Services contact is in place. Below is a brief description of how the Lead Agency expects services to be provided. Refer to attachment B. This plan will be updated when specific information becomes available.

The system will assure the availability of high quality training opportunities throughout the state that are provided in accessible and affordable methods. Training will be offered on nine career levels (pre-professional through doctorate) and will focus on three areas of competency: 1) early care and education, 2) school age professional, and 3) program administration of early care and school-age programs. Training will be provided by professionals who have been approved through a trainer qualification approval process or through an accredited college program in early childhood education.

Expected outcomes for this activity include:

- Higher levels of staff education and specialized training.
- Higher levels of staff compensation.
- Reduced staff turnover rates.
- Increasing levels of child care professional participating in IdahoSTARS.

Compensation to child care providers:

The IdahoSTARS Professional Development and Resource and Referral Services is in place and continues to be developed. IdahoSTARS includes a compensation component. Below is a brief description of how the Lead Agency expects services to be provided.

The Incentives component offered through the system will include: 1) Stipends for providers to attend approved training with qualified trainers based on ability to pay; 2) Bonuses for providers that meet the requirements to move up in the Career Levels system; and 3) Scholarships that support a variety of training opportunities. In addition, Grants will be made available to potential trainers interested in creating unique course offerings, to providers to purchase care and educational materials, or for Resource and Referral Offices to purchase items for lending libraries, for mobile vans, or other resources to support care and education providers in their local area.

The expected outcomes of this activity include:

- Higher levels of staff education and specialized training.

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- Higher levels of staff compensation.
- Reduced staff turnover rates.
- Increasing levels of child care professional participating in IdahoSTARS.

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

() No.

(X) Yes, the following entities named in this part are non-governmental:

Name:

Type (see section 1.6 of the guidance):

The University of Idaho Center on Disabilities and Human Development and the Idaho Association for the Education of Young Children are the contractors for statewide Resource and Referral services. Administration of resource and referral services has been consolidated but there continues to be seven local resource and referral offices throughout Idaho.

IdahoSTARS Administration	
CDHD, University of Idaho Julie Fodor, Ph.D. 129 West Third Street Moscow, ID 83843 (208) 885-3559 jfodor@uidaho.edu	Idaho AEYC Karen Mason, M.S.W., M.Ed. 1276 River, Suite 101 Boise, ID 83702 (208) 344-6155 idahoaeyc@yahoo.com

IdahoSTARS - Local Offices	
Child Care Resource Center 1106 Ironwood Drive Coeur d'Alene, ID 83814	Success by 6 426 Main Ave South Twin Falls, ID 83301
Community Action Partnership 124 New 6th Street Lewiston, ID 83501	Child Care Resource and Referral 355 S. Arthur Pocatello, ID 83204
Family Resource Center 524 Cleveland Blvd, Suite 225 Caldwell, ID 83605	Child Care Resource and Referral 956 E. Lincoln Road Idaho Falls, ID 83401
Success by 6 1276 W. River, Suite 101 Boise, ID 83702	

5.2 - Good Start, Grow Smart Planning and Development

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This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and numeracy, a plan for the education and training of child care providers, and a plan for coordination across at least four early childhood programs and funding streams.

5.2.1 - Voluntary Guidelines for Early Learning

- Indicate which of the following best describes the current **status** of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and numeracy for three to five year-olds:
 - a)_____ Preliminary thinking or planning.
 - b)_____ Guidelines are being developed.
 - c)_____ Guidelines are developed but need to be modified.
 - d) **X**_____ Guidelines are developed and implementation is in progress.
 - e)_____ Guidelines are developed and implemented in pre-kindergarten programs but not in child care.
 - f)_____ Guidelines are developed and implemented.
 - g)_____ Other. Please describe:
- Describe the **process** that was used or is planned for developing the State's early learning guidelines. Indicate who or what entity provided (or is providing leadership) to the process as well as the stakeholders involved. Was (or is) the process framed by State legislation, research and/or guiding principles? If so, please describe. How are (or will) the early learning guidelines and the State's K-12 educational standards aligned? If they are not aligned, what steps will be taken to align them? If the early learning guidelines are in development, what is the expected date of completion?

The Individuals with Disabilities Education Act (IDEA) specifies certain requirements for aligning Individual Education Plans (IEPs) to state standards. Specifically, to be congruent with IDEA, goals for special education students should be consistent with expectations set for all students; IEPs must indicate how the child is involved with and progresses in the general education curriculum; and that standards provide targets for developing objectives/benchmarks to achieve these goals. The primary purpose of the 2002 Idaho Early Childhood Standards Workgroup was to develop early childhood education standards to meet the IDEA requirements.

While the impetus for developing these standards was narrow in scope, the initial development of Early Childhood Standards provides an opportunity for stakeholders to continue to broaden the standards for greater use among

programs for children. Discussion and reflection among early care and education practitioners, families, schools, community members, and policy makers will contribute to the development of these standards. Such discussion is critical to ensure evolving standards are used to design and support a comprehensive system of high quality early care and education programs appropriate and responsive to the needs of young children in Idaho. Such reflection should be frequent and ongoing.

The ongoing work of standards development will serve to provide a framework for understanding and communicating a set of developmentally appropriate expectations for young children with a context of shared responsibility and accountability for helping children meet these expectations.

These goals are consistent with recommendations from national studies (Kagan & Cohen, 1997; Kagan, Rosenkoettner, & Cohen, 1997) urging the development of child-based results-driven systems. The report, *Not by Chance*, recommends that clear goals and quantifiable results for children be established. "These goals will identify skills and knowledge that children should be able to demonstrate across the various domains of development and will take into consideration the child, family, and community conditions that promote such development." (Kagan & Cohen, 1997, p.5)

- Describe the **domains** of development that the early learning guidelines address or are expected to address, e.g., social, emotional, cognitive, linguistic, and physical. States that have completed early learning guidelines should include a copy as an appendix to the plan. If the guidelines are available on the web, provide the appropriate Web site address.

The Idaho Early Learning Standards are available at:
<http://www.sde.state.id.us/SpecialEd/content/early.asp>

The Idaho Early Learning Standards is divided into the six domains using the format common to Idaho State Standards for K-12:

- Health
- Humanities
- Language Arts and Communication
- Math
- Science
- Social Studies

The format includes a list of standards, which are general statements that identify what children should know or be able to do as a result of their educational experience. The Early Learning Standards are exactly the same as the kindergarten through 12th grade Standards for Excellence, so reflect *what the child should know or be able to do by the end of the educational experience*. Each domain is further divided into strands, for example, Language and

Communication standards are written for the strands of reading, writing, listening, speaking, and viewing. The numbering system, including reserved strands, and strands listed as “*not appropriate for the preschool level*,” reflect decisions made by the K-12 standards committees, and the developers of the Early Learning Standards.

Each standard is followed by a set of content knowledge and skills that represent selected behaviors, knowledge or skills that might show child performance and achievement of the standard by a particular point *in their schooling*. The early childhood period of growth and development spans the years from birth through age eight. In order to provide markers of progress during the preschool years, this document addresses widely held developmental expectations observed in three and four year old children. Because normal development varies greatly from child to child, The Idaho Early Learning Standards are to be used as a flexible guide in describing a child’s individual progress.

Child development progresses differently for each individual child. Children are influenced by their experiences with the diverse values and practices of their family, culture, and their community. Although children develop in generally similar stages, their individual life experiences are reflected in greatly diverse patterns of behavior, learning, and attitude. Such differences are normal and must be respected in order for children to maintain a sense of pride and personal value.

Each of the content knowledge and skills are followed by samples of applications. The samples of applications are meant to illustrate the meaning of the content knowledge and skills, and represent possible areas of application. The samples of applications are not an exhaustive list of possible applications and *should not* be used as a curriculum.

- Describe the process the State used or expects to use in **implementing** its early learning guidelines, e.g., feedback and input processes, dissemination, piloting, training in the use of the guidelines, and linkages with other initiatives such as incentives for provider education and training. To what extent is (or was) implementation anticipated in the development of the guidelines? To which child care settings do (or will) the guidelines apply and are the guidelines voluntary or mandatory for each of these settings? How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?

The Idaho Early Learning Standards have been implemented in mandatory Pre-kindergarten programs in Idaho, but have not been implemented in child care.

The plan for implementation in child care is being developed as part of the IdahoSTARS Professional Development and Resource and Referral Services contract that began operation in July 2003. We plan to incorporate The Idaho Early Learning Standards: A Resource Guide developed by the Department of Education into implementation plan for child care.

- As applicable, describe the State's plan for **assessing** its early learning guidelines. What will be the focus of the evaluation, i.e., guideline development and implementation, programs or child care settings, and/or outcomes related to children? Will young children's progress be evaluated based on the guidelines? How will assessment be used to improve the State's guidelines, child care programs, plans and outcomes for individual children?

Idaho has just begun work on developing a plan to implement early learning guidelines in child care settings. We have not developed a method for assessing our early learning guidelines, but we continue to work with IdahoSTARS and the Idaho Department of Education on implementation and assessment strategies.

Section 5.2.2 - State Plans for Professional Development

- Describe the provider training, technical assistance, and professional development opportunities that are available to child care providers. Are these opportunities available Statewide to all types of providers? If not, please describe.

The IdahoSTARS Professional Development and Resource and Referral Services began operation on July 1, 2003

A state plan for professional development will be developed during the first year of the contact.

The system will assure the availability of high quality training opportunities throughout the state that are provided in accessible and affordable methods. Training will be offered on nine career levels (pre-professional through doctorate) and will focus on three areas of competency: 1) early care and education, 2) school age professional, and 3) program administration of early care and school-age programs. Training will be provided by professionals who have been approved through a Trainer Qualifications Approval process or through an accredited college program in early childhood education.

- Does the State have a child care provider professional development **plan**?

() Yes. Identify the entities involved in the development of the plan and whether the plan addresses all categories of providers. As applicable, describe: how the plan includes a continuum of training and education, including articulation from one type of training to the next; how the plan

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addresses training quality including processes for the approval of trainers and training curriculum; how the plan addresses early language, literacy, pre-reading, and numeracy development. Indicate whether the plan is linked to early learning guidelines and, if so, how.

- (X) No. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and numeracy.

The IdahoSTARS Professional Development and Resource and Referral Services began operation on July 1, 2003

A state plan for professional development will be developed during the first year of the contact. Timelines for implementation include statewide availability by January 1, 2004.

- Are program or provider-level **incentives** offered to encourage provider training and education? If yes, please describe. Include any links between the incentives and training relating to early language, literacy, pre-reading, and numeracy.

The IdahoSTARS Professional Development and Resource and Referral Services began operation on July 1, 2003

The Incentives component offered through the system will include: 1) Stipends for providers to attend approved training with qualified trainers based on ability to pay; 2) Bonuses for providers that meet the requirements to move up in the Career Levels system; and 3) Scholarships that support a variety of training opportunities. In addition, Grants will be made available to potential trainers interested in creating unique course offerings, to providers to purchase care and educational materials, or for Regional Child Care Resource and Referral Offices to purchase items for lending libraries, for mobile vans, or other resources to support care and education providers in their local area.

Timelines for implementation include statewide availability by January 1, 2004.

- What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

A component of the project is the evaluation of outcomes identified in the work plan conducted by an independent evaluation specialist. The evaluation will consist of assessments of: 1) the quality of training and education received by

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participants; 2) the impact of training on child care and education programs; 3) perceptions of families and children, and others of child care and education services; and 4) perceptions of all consumers related to satisfaction with customer service, professionalism, timeliness, responsiveness, organization, and quality of all aspects of the program. The assessments will be conducted regularly to guide the development and modification of the system. Follow up assessments will be completed 6 months after each course or training event to determine the continued use of new skills. Another aspect of the evaluation will be to measure participant's progress toward successive levels in the system will provide an objective research-based evaluation of progress, strengths, and areas for improvement for participants throughout the process.

Finally, responsive, quality, customer service will serve as a thread weaving throughout all the components of the work. The contractor will follow the guidelines, values, standards, promises, and expectations of the Department's Customer Service Plan.

Section 5.2.3 - State Plan for Program Coordination

- Does the State have a **plan** for coordination across early childhood programs?

() Yes.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

(X) No.

Indicate what steps are under way to develop a plan for coordination.

Idaho does not currently have a plan for coordination across early childhood programs.

The Idaho Department of Health and Welfare was recently awarded the Early Childhood Comprehensive Grant. Contract negotiation is currently underway with United Way Success by 6 State Affiliate to carry out goals and objectives of a two-year plan to develop a state plan for coordination across early childhood programs. The goal is to develop a framework for a comprehensive statewide strategic plan that will recognize and support the existing system of care and learning, integrate health, social and educational programs and financing mechanisms into a system that reflects and supports community efforts and interest. All families will have access to core services and supports for optimal development of their children.

-
- Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

Idaho is still in the planning stages of plan development, but the following are identified outcomes we expect as plan development moves forward.

The expected results include:

- 1) To establish an ongoing communication network between state agencies and policymakers with families and communities for purposes of planning and implementation;
- 2) To develop multi-agency State partnerships among critical stakeholders;
- 3) To compile resources and information on the current best practices in early childhood systems building;
- 4) To provide a comprehensive statewide mapping of existing early care and learning programs and resources;
- 5) To support partnerships to align current initiatives in the support of a comprehensive system of early childhood professional development;
- 6) To develop a powerful message to increase public awareness of quality early childhood programs being the foundation to healthy families and communities; 7) To align policy and funding streams to develop and support integrated early care and learning system development.

- Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

Idaho's plan is in the early development stage therefore we can't determine what changes will be made but, Idaho's Governor Kempthorne established the Early Care and Learning Cross Systems Task Force (ECLCSTF) on recommendation from the Council's Early Childhood task force. The ECLCSTF is comprised of representatives from: Office of the Governor, Idaho Department of Health and Welfare, State Department of Education, Legislature, Idaho Universities, Lee Pesky Learning Center, Idaho Courts, Head Start, Regional Medical Centers, Child Care, Easter Seals, faith organizations, Success by 6, Idaho Association for the Education of Young Children, and early literacy programs. The program will be coordinated through the Governor's Office and housed at United Way Success by 6 State Affiliate office under the guidance of the ECLCSTF.

PART 6 - HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(ONLY THE 50 STATES AND THE DISTRICT OF COLUMBIA COMPLETE PART 6.
ONLY TERRITORIES COMPLETE PART 7.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>

Section 6.1 - Health and Safety Requirements for Center-Based Providers

(658E(c)(2)(F), § 98.41, § 98.16(j))

- 6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:
- (X) YES, answer 6.1.2 and proceed to 6.2.
() NO, answer 6.1.2 and 6.1.3.
- 6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?
(§98.41(a)(2) & (3))
- (X) NO
() YES, and the changes are as follows:
- 6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:
- The prevention and control of infectious disease (including age-appropriate immunizations)
 - Building and physical premises safety
 - Health and safety training

Section 6.2 - Health and Safety Requirements for Group Home Providers

(658E(c)(2)(F), §§98.41, 98.16(j))

- 6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:
- (X) YES, answer 6.2.2 and proceed to 6.3.
() NO, answer 6.2.2 and 6.2.3.
- 6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))
- (X) NO
() YES, and the changes are as follows:
- 6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:
- The prevention and control of infectious disease (including age-appropriate immunizations)
 - Building and physical premises safety
 - Health and safety training

Section 6.3 - Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

- 6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:
- () YES, answer 6.3.2 and proceed to 6.4.
(X) NO, answer 6.3.2 and 6.3.3.
- 6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))
- (X) NO
() YES, and the changes are as follows:
- 6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

All child care providers, including center-based, group home, family home, in-home providers and relatives must submit a self-declaration that they comply with the following health and safety requirements. Compliance with these standards does not exempt a provider from complying with stricter health and safety standards under state law, tribal law, local ordinance, or other applicable law.

All providers must submit a written statement that they comply with the health and safety requirements listed in Subsections 251.01 through 251.10 of these rules. The provider must agree to a health and safety inspection. Compliance with these standards does not exempt a provider from complying with stricter health and safety standards under state law, tribal law, local ordinance, or other applicable law. (4-1-2002)

01. Age of Provider. All child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. (10-1-98)

02. Sanitary Food Preparation. Food for use in child care facilities must be prepared and served in a sanitary manner. Utensils and food preparation surfaces must be cleaned and sanitized before using to prevent contamination. (10-1-98)

03. Food Storage. All food served in child care facilities must be stored to protect it from potential contamination. (10-1-98)

04. Hazardous Substances. Medicines, cleaning supplies, and other hazardous substances must be stored out of the reach of children. (10-1-98)

05. Emergency Communication. A telephone or some type of emergency communication system is required. (10-1-98)

06. Smoke Detectors, Fire Extinguisher and Exits. A properly installed and operational smoke detector must be on the premises where child care occurs. Adequate fire extinguishers and fire exits must be available on the premises. (10-1-98)

07. Hand Washing. Each provider shall wash his hands with soap and water at regular intervals, including before feeding, after diapering or assisting children with toileting, after nose wiping, and after administering first aid. (10-1-98)

08. CPR/First Aid. Providers shall insure that at all times children are present at least one (1) adult on the premises has current certification in pediatric rescue breathing and first aid treatment from a certified instructor. (10-1-98)

09. Health of Provider. Each provider shall certify that he/she does not have any physical or psychological condition that might pose a threat to the safety of a child in his/her care. (10-1-98)

10. Child Abuse. Providers must report suspected child abuse to the appropriate authority. (10-1-98)

Section 6.4 - Health and Safety Requirements for In-Home Providers

(658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above? If:

() YES, answer 6.4.2 and proceed to 6.5.

(X) NO, answer 6.4.2 and 6.4.3.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

(X) NO

() YES, and the changes are as follows:

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

All child care providers, including center-based, group home, family home, in-home providers and relatives must submit a self-declaration that they comply with the following health and safety requirements. Compliance with these standards does not exempt a provider from complying with stricter health and safety standards under state law, tribal law, local ordinance, or other applicable law.

All providers must submit a written statement that they comply with the health and safety requirements listed in Subsections 251.01 through 251.10 of these rules. The provider must agree to a health and safety inspection. Compliance with these standards does not exempt a provider from complying with stricter health and safety standards under state law, tribal law, local ordinance, or other applicable law. (4-1-2002)

01. Age of Provider. All child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. (10-1-98)

02. Sanitary Food Preparation. Food for use in child care facilities must be prepared and served in a sanitary manner. Utensils and food preparation surfaces must be cleaned and sanitized before using to prevent contamination. (10-1-98)

03. Food Storage. All food served in child care facilities must be stored to protect it from potential contamination. (10-1-98)

04. Hazardous Substances. Medicines, cleaning supplies, and other hazardous substances must be stored out of the reach of children. (10-1-98)

05. Emergency Communication. A telephone or some type of emergency communication system is required. (10-1-98)

06. Smoke Detectors, Fire Extinguisher and Exits. A properly installed and operational smoke detector must be on the premises where child care occurs. Adequate fire extinguishers and fire exits must be available on the premises. (10-1-98)

07. Hand Washing. Each provider shall wash his hands with soap and water at regular intervals, including before feeding, after diapering or assisting children with toileting, after nose wiping, and after administering first aid. (10-1-98)

08. CPR/First Aid. Providers shall insure that at all times children are present at least one (1) adult on the premises has current certification in pediatric rescue breathing and first aid treatment from a certified instructor. (10-1-98)

09. Health of Provider. Each provider shall certify that he/she does not have any physical or psychological condition that might pose a threat to the safety of a child in his/her care. (10-1-98)

10. Child Abuse. Providers must report suspected child abuse to the appropriate authority. (10-1-98)

Section 6.5 - Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements (658P(4)(B), §98.41(a)(1)(ii)(A)).

Indicate the Lead Agency's policy regarding these relative providers:

- (☒) All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- (☐) All relative providers are exempt from all health and safety requirements.
- (☐) Some or all relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

Section 6.6 - Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - (☒) No
 - (☐) Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.
- Are child care providers subject to background checks?
 - (☐) No
 - (☒) Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

State licensing requires criminal history checks for all applicants, owners, employees, volunteers (providing more than 12 hours volunteer service per month) and all other individuals twelve (12) years of age or older who have unsupervised direct contact with children. The criminal history check includes a review of the following records:

- **Statewide criminal identification bureau check**
 - **Federal bureau of investigation criminal history**
 - **National criminal information center**
 - **Statewide child abuse register.**
- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
- (☒) No

() Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable).

- Other methods used to ensure that health and safety requirements are effectively enforced:

Health and Safety requirements are effectively enforced by annual unscheduled visits to all providers who receive subsidy funding. In addition, technical assistance and enforcement visits are conducted in response to health and safety complaints.

Section 6.7 – Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- _____ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- _____ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

PART 7 - HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

Section 7.1 - Health and Safety Requirements for Center-Based Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.2 - Health and Safety Requirements for Group Home Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.3 - Health and Safety Requirements for Family Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.4 - Health and Safety Requirements for In-Home Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.5 - Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- () All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- () All relative providers are exempt from all health and safety requirements.
- () Some or all relative providers are subject to different health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

Section 7.6 - Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - () No
 - () Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.

- Are child care providers subject to background checks?
 - ☐ No
 - ☐ Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

- Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - ☐ No
 - ☐ Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable).

- Other methods used to ensure that health and safety requirements are effectively enforced:

Section 7.7 – Exemptions from Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- _____ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- _____ Children who receive care in their own homes.
- _____ Children whose parents object to immunization on religious grounds.
- _____ Children whose medical condition contraindicates immunization.

STATE PLAN FOR

CHILD CARE & DEVELOPMENT FUND SERVICES

(FOR THE PERIOD 10/1/03 – 9/30/05)

APPENDIX 1 -- PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

Effective Date: October 1, 2003

Amended Effective: _____

STATE PLAN FOR

CHILD CARE & DEVELOPMENT FUND SERVICES

(FOR THE PERIOD 10/1/03 – 9/30/05)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

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STATE PLAN FOR

CHILD CARE & DEVELOPMENT FUND SERVICES

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APPENDIX 2 - ELIGIBILITY AND PRIORITY TERMINOLOGY:

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- (1) **Attending job training or educational programs** (include minimum hours if applicable)- Child care must be needed so the caretaker/parent may attend an education or training program.
- (2) **Job training and educational program** - An education program is defined as job training or education program, including high school, junior college, college, GED, technical school and vocation programs.
- (3) **In loco parentis** - Assuming care and custody of a child by an adult not related to the child. When the parents have made an agreement for another individual to care for their child (both formally and informally); the individual will be eligible to apply for benefits. The temporary caretaker must meet all eligibility requirements. This applies to both family relatives and non-relative caretakers.
- (4) **Physical or mental incapacity** (if the Lead Agency provides such services to children age 13 and older) - Any child who is physically or mentally not capable of self-care, as verified by a physician, licensed psychologist, social worker, special education teacher, speech therapist, or by receiving Supplemental Security Income (SSI).
- (5) **Protective services** - Child care is required to permit the family to receive services needed to reduce or eliminate the need for protective intervention. The Department has final approval for all protective service referral. Children in foster care are not eligible for these services.
- (6) **Residing with** - The family will include any of the following that reside within the household:
 - A. Parent- person legally responsible for child(ren) because of birth, adoption or legal guardianship.
 - B. Stepparent a person married to the child's parent who has no biological or adoptive relationship.
 - C. Unmarried partner- persons not married to each other but whose common child lives in the home.
 - D. No-Parent caretaker- adult caretaker, other than a parent, who is related by blood or marriage, Including grandparents, great-grandparents, brother, sister, aunt, uncle, nephew, niece, or first cousin. Relatives by marriage would include stepsiblings.

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CHILD CARE & DEVELOPMENT FUND SERVICES

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- E. Child(ren) - all children under eighteen, years of age if they are related to the parent or caretaker as specified above. Children over eighteen, years of age if claimed as a tax-dependent by child's caretaker or parent.
 - F. Tax dependent- other persons living in the home who are claimed a tax dependent by the child's caretaker.
 - G. A child placed in foster care by a public or private agency.

(7) **Special needs child** - Any child with physical, mental, emotional, behavioral disabilities, or developmental delays covered by state statutes or Individual Education Plan (IEP) or a Family Service Case Plan. (There is not a waiting list for child care in Idaho. We have not had to prioritize special needs care. If the market changes and there is a need in the future, we will certainly address the needs of these children.)

(8) **Very low income** - Family income is less than 150% of the Federal Poverty limit.

(9) **Working** (include minimum hours if applicable) - A job paying wages or salary, including work paying commission or in-kind compensation. This also includes full or part-time participation in the VISTA program.

(10) Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

Families receiving Temporary Assistance for Families in Idaho (TAFI) - These are families eligible and receiving for cash assistance payments through the Temporary Assistance for Families in Idaho Program.

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